

N99000005690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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(Business Entity Name)

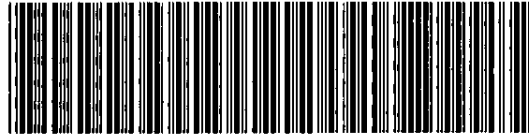
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Tewis
11-29-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Southeastern Academy of Prosthodontic Foundation, Inc.

DOCUMENT NUMBER: N99000005690

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Raymond Shenfield

(Name of Contact Person)

SEAP Foundation, Inc.

(Firm/ Company)

2183 S.E. Ocean Blvd.

(Address)

Stuart, FL 34996

(City/ State and Zip Code)

rshenfield26@comcast.Net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Paul Nestor

(Name of Contact Person)

at (813) 839-8140

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

DR. RAYMOND SHENFIELD
SOUTHEASTERN ACADEMY OF PROSTHODONTIC
2183 S.E. OCEAN BLVD.
STUART, FL 34996

SUBJECT: SOUTHEASTERN ACADEMY OF PROSTHODONTIC
FOUNDATION, INC.
Ref. Number: N99000005390

We have received your document for SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please indicate the TITLES for each officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 311A00025834

RECEIVED

11 NOV 28 AM 8:48

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

M. Paul Nestor, D.D.S.
5301 SOUTH DALE MABRY HWY.
TAMPA, FLORIDA 33611
PHONE (813) 839-8140
FAX (813) 839-8072

November 10, 2011

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Southeastern Academy of Prosthodontics Foundation, Inc.

Dear Sirs;

Enclosed are the forms to make changes in the address, registered agent, and directors.

A check is enclosed for the filing fee of \$43.75 payable to Florida Department of State.

Sincerely yours,

A handwritten signature in black ink, appearing to read "M. Paul Nestor", with a stylized flourish at the end.

M. Paul Nestor, D.D.S.
Secretary/Treasurer

Encls.

Articles of Amendment
to
Articles of Incorporation
of

Southeastern Academy of Prosthodontics Foundation, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N99000005690

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

2183 S.E. Ocean Blvd.

Stuart, FL 34996

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2183 S.E. Ocean Blvd.

Stuart, FL 34996

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Raymond Shenfield, D.D.S.

New Registered Office Address:

2183 S.E. Ocean Blvd.

(Florida street address)

STUART

(City)

Florida 34996

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Raymond Shenfield D.D.S.
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| <u>Title(s)</u> | <u>Name</u> | <u>Address</u> |
|-----------------|----------------------------|--|
| 1) <u>P</u> | <u>Shenfield, Raymond</u> | <u>2183 SE Ocean Blvd.</u> <u>Stuart, FL 34996</u> |
| 2) <u>D</u> | <u>FOOSE, Karl</u> | <u>210 Belmont Road</u> <u>West Palm Beach, FL 33405</u> |
| 3) <u>D</u> | <u>Connor, Robert</u> | <u>1771 Independence Ct., Suite I</u> <u>Birmingham, AL 33618</u> |
| 4) <u>D</u> | <u>Gates, Day</u> | <u>4404 Old Shell Road</u> <u>Mobile, AL 33608</u> |
| 5) <u>D</u> | <u>Holly, Jack Jr.</u> | <u>417 Hudson Drive</u> <u>Elizabethton, TN 37643</u> |
| 6) <u>D</u> | <u>Bodo, Joseph P. Jr.</u> | <u>2820 Kimberly Lane</u> <u>Tampa, FL 33618</u> |

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

| <u>Title(s)</u> | <u>Name</u> | <u>Title(s)</u> | <u>Name</u> |
|-----------------|--------------------|-----------------|-------------|
| 1) <u>D</u> | <u>F.B. Wivgul</u> | 4) _____ | _____ |
| 2) _____ | _____ | 5) _____ | _____ |
| 3) _____ | _____ | 6) _____ | _____ |

D Landers, Larry
155 College Street, Ste. #2
Macon, GA 31201

D Greenblatt, Jr., C.L.
6311 Kingston Pike, Ste. #4E
Knoxville, TN 37919

D Barrack, Ken
966-1 Houston Horthcutt Blvd.
Mount Pleasant, SC 29464

ST Nestor, M. Paul
5301 S. Dale Mabry Hwy.
Tampa, FL 33611

The date of each amendment(s) adoption: 4-13-2011
(date of adoption- required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/08/2011

Signature M. Paul Nestor
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

M. Paul Nestor, D.D.S.
(Typed or printed name of person signing)

Secretary/ Treasurer
(Title of person signing)